

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Educators for Ohio</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00624056         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>JVA Campaigns</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 240 N 5th St #360			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3800.00</div>	
City Columbus	State OH	Zip Code 43215	<b>Transaction ID : SE.4151</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Purpose of Expenditure Canvass Mailer- Lessons		Category/ Type 006		
Name of Federal Candidate TRUMP, DONALD , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3800.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>JVA Campaigns</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 240 N 5th St #360			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19456.73</div>	
City Columbus	State OH	Zip Code 43215	<b>Transaction ID : SE.4152</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Purpose of Expenditure Mailer- Cut Funding		Category/ Type 006		
Name of Federal Candidate TRUMP, DONALD , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">46298.31</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;">23256.73</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Allen, Gary, , ,

[Electronically Filed]

Date

10

05

2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Educators for Ohio</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624056	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA Campaigns</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>240 N 5th St #360</b>			Amount <b>8689.08</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>SE.4154</b>	
Purpose of Expenditure Mailer- A Bad Example for Our Children		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD , , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>64266.38</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>JVA Campaigns</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>240 N 5th St #360</b>			Amount <b>9278.99</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>SE.4155</b>	
Purpose of Expenditure Mailer- Ridiculer In Chief		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 05 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD , , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>55577.30</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>17968.07</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Allen, Gary, , ,

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Date

MM / DD / YYYY  
**10 / 05 / 2016**

Signature

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PAGE	3	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Educators for Ohio</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624056	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The New Media Firm</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 04 / 2016</b>	
Mailing Address <b>1730 Rhode Island Ave NW #213</b>		Amount <b>26841.58</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>SE.4153</b>
Purpose of Expenditure <b>Production of Internet Video</b>		Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 04 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD , , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>26841.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>26841.58</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	<b>68066.38</b>

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**10 / 05 / 2016**

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